



CITY OF HARRISBURG

Sanitary Sewer Service Application

Account Name: _____
Account Address: _____
Mailing Address: _____
Property Owner: _____
Contact Person: _____
Telephone No: _____
Property No: _____
Plumbing Permit No: _____
Account Type: _____ Residential _____ Commercial _____ Industrial _____
Other, Specify: _____
Lateral Line Size: _____ in.
Equivalent Dwelling Unit(s): _____
Estimated Max. Daily Discharge: _____
Date Service Required: _____
New Construction: _____ Yes _____ No
Ownership Transfer: _____ Yes _____ No

By Signing this Application, the applicant agrees to abide by the Codified Ordinances of the City of Harrisburg, in particular the provisions governing the terms, conditions, fees and charges relating to storm sewer service.

Date

Signature of Applicant

Application request for sewer service must be submitted at least three (3) days before service is required and must be accompanied by two (2) sets of detailed plans for review by the Office of the City Engineer.

Office of the City Engineer Use Only

Fee Calculation: \$ 347 / EDU X _____ EDU's = _____ Date Fee Paid: _____
Inspection Date: _____ Inspector: _____
Main Size: _____ Tap Size: _____
Type (Material) of Service: _____
Location Of Service: _____
Planning Module Required: _____ Yes _____ No
Planning Module Waiver Required: _____ Yes _____ No
Street Cut Permit No: _____
Street Cut Bond Expiration Date: _____

Please Complete and Return to:

Office of the City Engineer
123 Walnut Street, Suite 212
Harrisburg, PA 17101
(717) 255-3091

Account Code: 0100-343-10

COPY 2: Office of the City Engineer